

Health Priority: Adequate and Appropriate Nutrition
Objective 1: Infrastructure

Long-term (2010) Subcommittee Outcome Objective: By 2010, Wisconsin will have an established infrastructure to assure that all people in Wisconsin have access to qualified and culturally competent public health nutrition services.

INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p><u>Nutrition and Cultural Competency</u></p> <p>Department of Health and Family Services</p> <p>UW-Extension and public health nutrition experts</p> <p>Partnerships for training</p> <p>Funding for training</p> <p><i>Healthiest Wisconsin 2010</i> workforce partners and nutrition partners</p> <p>Minority health programs/agencies</p> <p>Resource development and funding</p> <p>Nutrition partners from dietetic training programs and community (technical, undergraduate, graduate, internship programs)</p> <p>State, local, and tribal nutrition professionals</p>	<p>Wisconsin will develop a plan for promoting best practices in nutrition</p> <p>A multifaceted workgroup of state and local program providers shall select and define measures for culturally competent services.</p> <p>The cultural competence of the public health nutrition workforce will be assessed.</p> <p>A community survey on the perception of the cultural competence of the agency nutrition workforce will be conducted.</p> <p>A nutrition workforce committee will work with ethnic/racial groups and minority populations to establish and implement a plan that includes strategies to increase education, training, and recruitment of minority populations for the nutrition workforce.</p>	<p>Department of Health and Family Services, Division of Public Health - Nutrition Section</p> <p>Official health departments, tribes, and community partners</p> <p>Agencies providing nutrition services</p> <p>Official and private nonprofit agencies providing public health nutrition services</p> <p>State, local, and tribal nutritionists, dietetic faculty, other health professionals, minority populations, schools, and career counselors</p> <p>Department of Public Instruction, Nutrition Services</p>	<p>By 2003, at least one training in each Department of Family Services region in Wisconsin on public health nutrition will have been conducted.</p> <p>By 2003, local health departments will have identified the strengths and weaknesses in providing culturally competent services of the public health nutrition workforce.</p> <p>By 2004, all publicly funded agencies providing nutrition services have a plan to address identified issues related to cultural competency.</p>	<p>By 2007, the local nutrition workforce will better reflect the diversity of the population of the community served.</p>	<p>By 2008, the cultural competence of the local public health nutrition workforce is assured in all agencies providing nutrition services with state and federal funding.</p>

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INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p><u>Maximizing Resources</u></p> <p>Department of Health and Family Service</p> <p>University of Wisconsin - Extension faculty and staff</p> <p>Local and tribal public health nutrition personnel</p> <p>Resource development</p> <p>Funding support for needs assessment</p> <p>Community partners</p> <p>State agency program leads</p> <p>Staff resources</p> <p>Health, education, and human service partners</p> <p>Data system partners</p>	<p>A public health nutrition intra-agency and inter-agency workgroup will be formed to develop or identify a model for conducting a comprehensive nutrition assessment addressing all population groups and high risk.</p> <p>Establish a baseline of viable coalitions.</p> <p>An intra-agency and inter-agency workgroup of nutrition stakeholders will be convened to identify ways to streamline access to both food and nutrition services.</p> <p>The intra-agency and inter-agency workgroup develops a plan and provides models for funding resources for effective nutrition services.</p> <p>The intra-agency and inter-agency workgroup on nutrition will identify mechanism to track funding and resources for food and nutrition services.</p>	<p>Department of Health and Family Services, Division of Public Health Nutrition Section</p> <p>Local nutrition professionals, health and community partners</p> <p>Traditional and new non-traditional program partners from programs that have or should have a nutrition component.</p>	<p>By 2003, a state agency inventory of programs that have potential for reimbursement, funding, and resources for food and nutrition services is produced.</p> <p>By 2004, at least 10 communities will identify and document priority community needs from a comprehensive community nutrition assessment.</p>	<p>By January 2005, state and local agencies will use four new or currently untapped funding streams for food and nutrition services.</p>	<p>By 2008, 18 counties will have viable nutrition coalitions or formal networks engaged in comprehensive nutrition needs assessment and planning.</p> <p>By 2008, all "Level 3" local health departments will have secured funding and resources to meet essential public health nutrition services.</p>

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INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p><u>Nutrition Surveillance</u></p> <p>Data system partners</p> <p>Department of Health and Family Services staff</p> <p>Food and nutrition related program representatives and nutrition experts</p>	<p>The Division of Public Health's Nutrition Section shall convene a nutrition subcommittee to coordinate partnerships with the public health data system and other key data system resources.</p> <p>The nutrition subcommittee will identify needs for a comprehensive nutrition surveillance and monitoring system and areas for expansion.</p> <p>Intra-agency and inter-agency nutrition data linkages will be identified.</p> <p>The Department of Health and Family Services food and nutrition program leadership will develop a training plan for nutrition data collection and use.</p>	<p>Intra-agency and inter-agency programs for linkages with food and nutrition components</p> <p>Public health data system users</p> <p>State, local and tribal program managers and staff</p>	<p>By 2002, the Public Health Data System will include a plan for including nutrition indicators, data collection consistency, gaps and needs, including inter and intra departmental linkages for nutrition data.</p> <p>By 2004, nutrition surveillance and monitoring system that includes all key areas will be implemented to identify trends and needs.</p>	<p>By 2006, the nutrition surveillance system will include an expanded population and key nutrition indicators and issue biannual reports.</p>	<p>By 2008, Wisconsin will have an ongoing comprehensive nutrition surveillance and monitoring system.</p>

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INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p><u>Public Policy</u></p> <p>Department of Health and Family Service</p> <p>Local Health Departments and tribes</p> <p>Pubic Health Nutrition Workgroup and partners</p> <p>Partners for <i>Healthy Wisconsin 2010</i> Workforce</p> <p>Resources for marketing</p> <p>Department of Health and Family Services and key nutrition staff and organizational representatives</p> <p>State, local, and tribal community nutrition staff/volunteers</p> <p>Funds for document development</p> <p>Marketing resources</p>	<p>A nutrition workgroup will format public health nutrition scope, responsibilities, essential nutrition services, and qualifications into a promotional document for education and marketing.</p> <p>The Department of Health and Family Services, Division of Public Health's Nutrition Section will develop and implement a plan for working with partners for public health statute revision to incorporate public health nutrition.</p> <p>A nutrition work group will provide a qualitative nutrition guidance document for the public health statute review process.</p> <p>Local health departments will evaluate the effectiveness, accessibility and quality of personal and population based nutrition services within their jurisdiction.</p>	<p>Policy makers, community, and public health providers</p> <p>Department of Health and Family Services and partners</p> <p>Workgroup for statute revision</p> <p>Public health and public health nutrition partners</p> <p>State and local public health officials and tribes</p> <p>Local health departments and their community partners</p>	<p>By 2003, the public health statutory review of health departments will incorporate qualitative guidance for public health nutrition, including qualifications for public health nutrition professionals.</p> <p>By 2003, at least 10 local health departments will identify core nutrition functions and essential services within their agency/jurisdiction.</p>	<p>By 2005, all official health departments providing any nutrition services or programs that have a nutrition component will utilize a qualified nutrition professional in the public health assurance role.</p>	<p>By 2008, public health statues and administrative rules incorporate public health nutrition scope, responsibilities, and qualifications into the framework for public health services.</p>

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Objective 1: Infrastructure

Long-term (2010) Subcommittee Outcome Objective:

By 2010, Wisconsin will have an established infrastructure to assure that all people in Wisconsin have access to qualified and culturally competent public health nutrition services.

Wisconsin Baseline	Wisconsin Sources and Year
Limited data, this is a developmental objective. A total of 57.14 full time equivalent nutrition positions in local official health departments with 91% funded to serve the Special Nutrition Program for Women, Infants, and Children (WIC). Official local health departments funded a total of 5.24 full time nutrition positions from other resources.	<i>Public Health Nutrition Profile</i> , Wisconsin Data for 1999 in State of Wisconsin, Partners in Nutrition for a Healthier Wisconsin: A comprehensive Statewide Public Health Nutrition Program, Division of Public Health, Draft, 2001

Federal/National Baseline	Federal/National Sources and Year
9.2% of dietitians identified as minorities	American Dietetic Association Manpower Survey, 1999
1/50,000 population for one public health nutritionist for program development and evaluation with a community or population focus	<i>Personnel in Public Health Nutrition for the 1990's</i> . The Public Health Foundation, 1991

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
23 – Public Health Infrastructure	Ensure that Federal, Tribal, State and local health agencies have the infrastructure to provide essential public health services effectively.	23-2	(Developmental) Increase the proportion of Federal, Tribal, State, and local health agencies that have made information available to the public in the past year on the leading health indicators, health status indicators and priority Leading Health Indicators, Health Status Indicators, and Priority Data Needs.
		23-8	(Developmental) Increase the proportion of Federal, Tribal, State and local agencies that incorporate specific competencies in the essential public health services into personnel systems.
7 – Educational and Community-based Programs	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.	7-5	Increase the proportion of work sites that offer a comprehensive employee health promotion program to their employees.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
7 – Educational and Community-based Programs (continued)		7-10	(Developmental) Increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas.
		7-11	Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs for racial and ethnic minorities.
19 – Nutrition and Overweight	Promote health and reduce chronic disease associated with diet and weight.	19-16	Increase the proportion of work sites that offer nutrition or weight management classes or counseling.
		19-17	Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition.
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-3	(Developmental) Increase the proportion of persons appropriately counseled about health behaviors.

Definitions	
Term	Definition
Infrastructure	Infrastructure refers to the people involved in provision of public health nutrition services; the information and communication systems for collecting and disseminating the data; the public health organizations at the state and local level; and the system for assuring public health nutrition services.
Public health nutrition	Public health nutrition refers to the application of nutrition through an organized community effort to improve or maintain optimal nutritional health of the whole population and for target groups of people at nutrition risk. Public health nutrition efforts are primarily focused on health promotion and disease prevention.
Qualified	Qualified nutrition services are provided by or with direction by a public health nutritionist; services may be provided in a variety of settings. Public health nutritionists have unique knowledge and skills that no other profession has. At minimum, public health nutritionists are registered dietitians with the National Commission on Dietetic Registration and/or certified with the Wisconsin Board of Licensing and Regulation (s.448.7 Wis. Stats.).

Definitions	
Term	Definition
Culturally competent nutrition services	Policy, administration, and practice values diversity, has the capacity for cultural self assessment; has a consciousness of the dynamics inherent when cultures interact; and has institutionalized the cultural knowledge in delivery of services.
Adequate nutrition	Adequate nutrition means food security. People have access to nutritious, safe and culturally appropriate foods at all times to support health. Foods are obtained in socially acceptable ways—that is, through regular sources and not through emergency coping strategies such as food pantries.
Appropriate nutrition	Appropriate nutrition means foods in appropriate amounts and quality to promote overall good health and prevent chronic diseases and conditions related to diet and weight.

Rationale:

- *Healthy People 2010* has identified nutrition and overweight as a focus area for promoting health and reducing chronic disease. It has 58 nutrition and related objectives. There are 18 specific nutrition objectives and another 40 related objectives from the other focus areas of: Access to Quality Health Services, Arthritis, Osteoporosis, and Chronic Back Pain, Cancer, Chronic Kidney Disease, Diabetes, Educational and Community-Based Programs, Food Safety, Health communication, Heart Disease and Stroke, Maternal, Child and Infant Health, Mental Health and Mental Disorders, Physical Activity and Fitness and Substance Abuse. *Healthy People 2010* has recognized that several actions are fundamental to achieving the 2010 objectives in nutrition such as: improving accessibility of nutrition information, education, counseling and related services and healthful foods in a variety of settings for all populations; maintaining a strong science base for nutrition recommendations and effective interventions; maintaining a strong nutrition monitoring program; strengthening the community data system and building and sustaining broad based initiatives and commitment to nutrition through partnerships. Similar actions are reflected in the Wisconsin Adequate and Appropriate Nutrition objective to have an established infrastructure to assure access to qualified and culturally competent public health nutrition services.
- This objective is considered of absolute necessity in order to assure other nutrition and nutrition related objectives can be met in a manner consistent with essential public health services.
- Two nutrition health priorities (adequate and appropriate nutrition; obesity, overweight, and lack of physical activity) were identified in the top 11 *Healthy Wisconsin 2010* health priorities thus lending support for the need for nutrition infrastructure.
- Adequate and appropriate nutrition services within a community can lessen or prevent chronic disease occurrences and/or support improved management or control. Dietary improvements can substantially reduce the burden of heart disease, cancer, and other serious diet related health problems like diabetes, osteoporosis, obesity, and eating disorders. Nutrition services are cost effective in all settings, from prevention and health promotion in the community to the hospital.
- A nutrition infrastructure is needed to support collaborative efforts between stakeholders/partners at the state and local level for funding and services. Collaborative efforts could include the development and implementation of community wide nutrition and health promotions as well as strategies to eliminate barriers to accessing existing food and nutrition services.

- There is a proliferation of nutrition, diet, and food information, products and services available for Wisconsin residents. However, only a few identifiable, credible nutrition resources exist for assurance of appropriate food and optimal nutrition advice and guidance. Professional nutrition leadership is essential to assure that current technology, science, research and management supports the needed food and nutrition services to individual, groups and communities.
- A comprehensive nutrition marketing approach is needed in communities across the state for sustained, consistent and reinforcing nutrition messages, delivered with sufficient duration, breadth and depth, to compete with the countervailing messages and influences on behaviors that could compromise health.
- Many individuals, agencies, and partnerships should be involved in fostering and promoting nutrition initiatives within communities. Professional nutrition leadership should be supported and developed from whatever base that can foster and be proactive in assuring the linkages between health, social, voluntary, professional, agriculture, industry, and others for community-wide nutrition services.
- Leadership and nutrition competence are at the core of developing and assuring adequate and appropriate nutrition services. Public health nutritionists must be included as essential players in assuring food and nutrition services at the state and local level. Professional nutrition leadership can plan and evaluate the effectiveness of nutrition programs and services for interventions at the individual, community, and systems-based level. Nutrition competency assures the nutrition needs in communities are addressed as part of the core functions of public health. Cultural competence, maximizing resources, nutrition surveillance, and public policy are key areas for building leadership and the system for delivery of public health nutrition services.

Cultural Competence

- Communicating nutrition messages to people from a variety of cultural backgrounds continues to be a challenge with the rapid changes in racial and ethnic groups. All educators involved in providing nutrition information must learn to appreciate the importance of food within different cultures and cultural influences on the food choices people make.
- Nutrition services across Wisconsin at the state and local level should reflect the five essential elements for cultural competent services as manifested in policy making, administration and practice: value diversity, capacity for cultural self assessment, conscious of dynamics inherent when cultures interact, institutionalized cultural knowledge, and adaptations to service delivery reflecting understanding of cultural diversity.
- Recruitment of minority health professionals, including dietitians, is critical to overcome the health disparities experienced by the underrepresented minority communities. According to the 1999 American Dietetic Association Manpower survey, only 9.2% of the dietitians were minorities. Minority health professionals are essential for the high quality care provided, the role models they become, and the cultural sensitivities they possess.
- A dietetic mentoring program in Wisconsin is needed. According to the American Dietetic Association, "A successful program can help match more closely the diversity of student and providers with that of the population served. Perceived ethnic and social differences with health care providers often discourage consumers from seeking care or sharing relevant

information required for appropriate intervention or treatment. These issues are particularly important for the dietetics profession because diet is a major factor in the prevention and control of chronic diseases, especially obesity, diabetes, and heart disease."

Maximizing Resources

- Nutrition services in Wisconsin are fragmented and disjointed. Funding streams and resources for nutrition are often not recognized and/or poorly utilized.
- The trend in funding nutrition services, in the traditional public health setting, indicates an alarming shift to more categorical, client focused resources in nutrition and few community and population based nutrition services. In 1999, WIC supported 91% of all nutrition positions in local official health departments; leaving 5.24 FTE nutrition positions funded by other resources.
- A new paradigm is needed for funding to determine the best way to support and maximize a public health nutritionist and move toward the recommendation of 1 public health nutrition consultant per 50,000 population (not for direct or client service).

Nutrition Surveillance

- There is often no central coordination point for food and nutrition services, including data, which is vital for maximizing resources and assuring a collaborative and integrated approach.
- A comprehensive nutrition data system is essential for assessment and monitoring effectiveness of programs, services, and identification of trends.

Public policy

- The importance of "nutrition" to health has been recognized. While dietitians are recognized in statute through certification as health care providers, their role and function in public health has not been realized. The role of the nutrition professional in public health statute is not addressed.
- The public health statutes do not specifically address public health nutrition. The role and statutory responsibility of official health agencies for nutrition services needs to be included in the public health statutes. In 2000, only two health departments provided population/community focused public health nutrition services to address priority nutrition needs.
- Public health nutrition is for the whole community and it needs to be positioned where the service can most effectively be delivered. This may not be within a health department; however, responsibility for assurance of public health nutrition ultimately resides in the official health agency.

Outcomes:

The short and medium term objectives that follow are developmental and therefore have no baseline data.

Nutrition and Cultural Competence

Short-term Outcome Objectives (2002-2004)

- By 2003, at least one training in each Department of Health and Family Services region in Wisconsin on public health nutrition best practices (1) will have been conducted.
- By 2003, local public health departments will have identified the strengths and challenges in providing culturally competent services of the public health nutrition workforce.
- By 2004, all publicly funded agencies providing nutrition services will have a plan to address identified issues related to cultural competency.

Medium-term Outcome Objective (2005-2007)

- By 2007, the local nutrition workforce will better reflect the diversity of the population of the community served.

Long-term Outcome Objective (2008-2010)

- By 2008, the cultural competence of the local public health nutrition workforce is assured in all agencies providing nutrition services with state and federal funding.

Inputs: *(What invest – staff, volunteers, time money, technology, equipment, etc.)*

- A key committee formed with Department of Health and Family Services, dietetic programs, University of Wisconsin-Extension and other nutrition partners, with experts in public health nutrition to identify best practices in public health nutrition.
- The committee to work in partnership with *Healthy Wisconsin 2010* workforce development templates and logic models for a training needs assessment of community partners on areas related to nutrition.
- The committee to develop a plan for promoting best practices in public health nutrition to develop nutrition professional competencies and for other providers via a multidisciplinary approach.
- Workforce partners and representatives from a variety of minority health programs and agencies and nutrition providers are identified.
- Department of Health and Family Services convenes multifaceted workgroup of state and local program providers and representatives.
- Nutrition workforce committee identifies partners including dietetic training programs and minority groups, schools and other *Healthy Wisconsin 2010* workforce development partners.
- The local agency nutrition workforce engaged with minority groups and schools to encourage minority recruitment in dietetics.
- Workgroup on cultural competency develops and promote materials and training.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Wisconsin will develop a plan for promoting best practices in nutrition. To assist in this activity, internal and community perception surveys will be conducted by agencies with publicly funded nutrition services. The internal assessment will be conducted in year 1 (2003) and the community perception tool conducted in 2004.

- A multifaceted workgroup of state and local program providers shall select and define measures for culturally competent services.
- The cultural competence and diversity of the public health nutrition workforce will be assessed through a community survey. The survey is developed and conducted or the baseline date for measurement is identified from the Association of State and Territorial Public Health Nutrition Directors 1999 Public Health Nutrition Workforce Survey.
- Internal and community perception assessment data is also analyzed to identify cultural competency issues and priorities.
- A nutrition workforce committee will work with groups of minorities to establish and implement a plan that includes strategies to increase education, training and recruitment of minorities for the nutrition workforce.
- The participants involved in these objectives include the Department of Health and Family Services, Division of Public Health, Nutrition Section; Department of Public Instruction, Nutrition Services; official health departments, tribes, and community partners; agencies providing nutrition services; state and local nutritionists; dietetic faculty, other health professionals, minority populations, schools, and career counselors.

Maximizing Resources

Short-term Outcome Objectives (2002-2004)

- By 2003, a state agency inventory of programs that have potential for reimbursement, funding and resources for food and nutrition services is produced.
- By 2004, at least 10 communities will identify and document priority community needs from a comprehensive community nutrition assessment.

Medium-term Outcome Objectives (2005-2007)

- By 2005, state and local agencies will use four new or currently untapped funding streams for food and nutrition services.

Long-term Outcome Objective (2008-2010)

- By 2008, 18 counties will have viable nutrition coalitions or formal networks engaged in comprehensive nutrition needs assessment and planning.
- By December 2008, all level 3 health departments will have secured funding and resources to meet essential public health nutrition services.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- An inter and intra agency workgroup of nutrition stakeholders is convened by the Division of Public Health Nutrition Director.
- Resource and potential resources for food and nutrition services are identified and inventoried.
- A tracking mechanism for funding, food, and nutrition services is identified.
- An inter/interagency nutrition workgroup is formed to focus on current and future nutrition monitoring needs. This will include the identification of nutrition indicators across the age spectrum and data linkages needed, personnel and program data needs.
- Local nutrition professionals participate and promote inclusion of a comprehensive nutrition assessment in the community wide health assessment process.

- Partners in the community from food industry to traditional health partners are solicited to participate in the community nutrition needs assessment.
- The Department of Health and Family Services and partners market models for funding.
- Identify community nutrition partners to form coalitions to address priority nutrition needs in counties.
- Local health departments promote a nutrition leadership role and assure resources for nutrition needs.
- Untapped resources are identified for essential nutrition services.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach– community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- A public health nutrition intra/inter agency workgroup will be formed to develop or identify a model for conducting a comprehensive nutrition assessment addressing all population groups and high risk. Community workgroups are formed to work on the community needs assessment. A comprehensive nutrition assessment model is utilized in the community health assessment. The number of communities conducting community nutrition assessment is identified. The assessment model is shared with dietetic training programs for incorporation into curriculum to build dietetic competency in this area. Inter and intra-agency trainings that address assessment promote the comprehensive nutrition assessment model. Comprehensive nutrition needs assessment are conducted.
- Establish a baseline number of current, viable nutrition coalitions in communities for comprehensive nutrition needs assessment. Community nutrition coalitions are established and focused on community wide nutrition issues to support policy change for priority areas.
- An intra and interagency work group of nutrition stakeholders will be convened to identify ways to streamline access to both food and nutrition services. Barriers to effective use of resources and strategies are identified.
- The inter- and intra- agency workgroup develops a plan and provides models for funding resources for effective nutrition services. An inventory of food and nutrition resources is produced to maximize funding and access. New or previously untapped funding sources are mobilized to meet essential public health nutrition services.
- The intra and interagency workgroup on nutrition will identify a mechanism to track funding/resources for food and nutrition services.
- The participants involved in these objectives are state and local public health officials and their community partners; policy makers and providers in the community; and the Department of Health and Family Services staff. The outcomes will reach all communities statewide.

Nutrition Surveillance

Short-term Outcome Objectives (2002-2004)

- By 2002, the Public Health Data System will include a plan for including nutrition indicators, data collection consistency, gaps and needs, including interdepartmental and intradepartmental linkages for nutrition data.
- By 2004, nutrition surveillance and monitoring system that includes all key areas will be implemented to identify trends and needs.

Medium-term Outcome Objective (2005-2007)

- By 2006, the nutrition surveillance system will include an expanded population and key nutrition indicators and issue a biannual report.

Long-term Outcome Objective (2008-2010)

- By 2008, Wisconsin will have an ongoing comprehensive nutrition surveillance and monitoring system.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- The Division of Public Health Nutrition Section will convene a nutrition subcommittee of key program and local nutritionists to coordinate partnerships with the Public Health Data system and other key data system resources.
- State food and nutrition program leads develop a training plan for data collection and use.
- Funding resources are identified to support the surveillance system development.
- Expanded populations and nutrition indicators added to system and supported by inter- and intra-agency food and nutrition programs for data linkage.
- The nutrition subcommittee identifies nutrition program and indicator needs and works in partnership with the Public Health Data system and other key systems for expansion needs.
- Inter- and intra-agency data linkages are developed for data sharing between food and nutrition related programs.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- The Division of Public Health Nutrition Section shall convene a nutrition subcommittee to coordinate partnerships with the Public Health data system and other key data system resources.
- The Nutrition Subcommittee will identify what is currently collected and needed for nutrition indicators and program management for comprehensive nutrition surveillance and monitoring system. Areas for expansion are identified.
- Needs in data collection, quality, and use of data for program planning and evaluation are identified and a plan developed for integrating nutrition data needs into system.
- Inter and intra agency nutrition data linkages will be identified. A plan will be developed (in partnership with Public Health Data System) to link and enhance nutrition surveillance.
- The Department of Health and Family Services food and nutrition program leads will develop a training plan for nutrition data collection and use.
- State and local communities incorporate nutrition data for community assessment and utilize for program planning and evaluation.
- The participants involved in these objectives are internal and external programs that have a food and nutrition component; public health data system users; and state and local program managers and staff. The outcomes will reach programs that have a nutrition component and a need for data collection/use.

Public Policy

Short-term Outcome Objectives (2002-2004)

- By 2003, the public health statutory review of health departments will incorporate qualitative guidance for public health nutrition, including qualifications for public health nutrition professionals.
- By 2003, at least 10 local health departments will identify core nutrition functions and essential services within their agency/jurisdiction.

Medium-term Outcome Objective (2005-2007)

- By 2005, all official health departments providing any nutrition services or programs that have a nutrition component will utilize a qualified nutrition professional in the public health assurance role.

Long-term Outcome Objective (2008-2010)

- By 2008, public health statutes and administrative rules incorporate public health nutrition scope, responsibilities, and qualifications in the framework for public health services.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- The Division of Public Health Nutrition Section convenes a nutrition committee of state, local health and organizations to craft the scope, responsibilities and essential public health nutrition services into a document.
- The nutrition committee works in partnership with Division of Public Health lead committee involved in the revision of the review tool and process to support incorporation of public health nutrition into the tool or use of a public health nutrition guidance tool.
- The nutrition committee initiates contact and collaborates with other partners for public health statute and administrative rules revision to incorporate public health nutrition.
- Division of Public Health nutrition staff to offer consultation/technical assistance to agencies on assessing public health nutrition core functions/provision of essential nutrition services.
- Public health nutritionists are involved in the committee working public health statute revision. A public health nutritionist is on the statewide workgroup for public health statute revision.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Division of Public Health Nutrition Section will convene a nutrition committee of state and local professionals to assist in revising the public health statutes to include qualifications for public health nutritionists.
- The nutrition work group will format public health nutrition scope, responsibilities, essential nutrition services, and qualifications into a promotional document for education and marketing.
- Division of Public Health's Nutrition Section will develop and implement a plan for working with partners for public health statute revision to incorporate public health nutrition.

- The nutrition committee will strategize and draft a plan and provide education of other public health professionals and policy makers on public health nutrition scope, responsibilities, and qualifications.
- The nutrition committee works with the Division of Public Health lead committee involved in the revision of the review tool and process. The approach is coordinated with partners such as health education for the tool and statutory change for consistency and support.
- A nutrition work group will provide a qualitative nutrition guidance document for the public health statute review process.
- Public health nutrition is promoted with policy makers, other public health professionals, and the public.
- A qualitative guidance document on public health nutrition is incorporated into the current health department statutory review process.
- Division of Public Health nutrition staff will target health departments in communities of at least 50,000 to offer consultation and technical assistance to agencies on assessing public health nutrition core functions and the provision of essential nutrition services.
- Local public health departments will utilize the public health nutrition guidance document to evaluate the effectiveness, accessibility and quality of personnel, and population-based nutrition services within their jurisdiction.
- Local health departments will assess core public health nutrition services to evaluate access and quality. An improvement plan is developed to meet the nutrition needs within the jurisdiction.
- A current resource directory with referral criteria and payment mechanisms is identified for food, nutrition programs and services (including medical nutrition therapy for high risk such as Birth to 3, prenatal care). Access to professional nutrition expertise in the community is identified.
- The participants involved in these objectives are state and local public health officials and their community partners; policy makers and providers in the community; and the Department of Health and Family Services staff. The outcomes will reach all communities statewide.

Evaluation and Measurement:

The objectives are developmental with limited related data. The long-term objective involves development of public health nutrition leadership throughout the state to assure access to qualified and culturally competent nutrition services.

The indicators and benchmarks are grouped into four focus areas: nutrition and cultural competence, maximizing resources, nutrition surveillance and monitoring, and public policy. Competent workforce and practice, assessment of needs, use of resources, and policy objectives are the building blocks for a system to assure public health nutrition services. A summary of the indicators for the four areas can be used to assess progress toward the long-term objective of access to qualified and culturally competent public health nutrition services.

Indicators:*Nutrition and Cultural Competence:*

- Public health nutritionist representation on workforce committees and initiatives
- Collaborative training plan for best practices in public health nutrition
- Cultural competency plan for nutrition workforce
- Number or percentage of minorities as part of the public health nutrition workforce
- Dietetic recruitment plan for increasing diversity

Maximizing Resources:

- Increase number of comprehensive community nutrition assessments
- Increase in the number of nutrition coalitions throughout the state for comprehensive community-wide needs assessment and planning
- Increase funding/utilization of funding streams and resources for food and nutrition services.
- Increase leadership role of nutrition professionals

Nutrition Surveillance and Monitoring:

- Collaborative effort with a nutrition subcommittee of the Public Health Data system
- Increase in collection of nutrition data of various population groups and nutrition indicators as identified, using the nutrition surveillance and monitoring system
- Nutrition surveillance supports comprehensive community nutrition assessment process

Public Policy:

- Public health statute delineates the scope, responsibilities and qualifications for public health nutrition services
- Increase in the number of health departments providing population/community-wide public health nutrition services (baseline of 2 health departments in 2001)
- Increase in the number of full time equivalent (FTE) nutrition positions in public health departments and private non-profit agencies that receive public funding for nutrition services

Benchmarks:*Nutrition and Cultural Competence:*

- Community nutrition training offered annually with participation by community partners
- Cultural competency workgroup formed and measures for cultural competency developed
- Number of agencies completing internal and community cultural competency assessment for the plan
- Tracking diversity of public health nutrition workforce
- Nutrition workforce training and recruitment committee identified

Maximizing Resources:

- Models for a comprehensive community nutrition assessment disseminated to stakeholders
- Public health nutrition professionals included as a key partners in community-wide nutrition coalitions and promotions
- Coalitions formed and directing activities for comprehensive community nutrition assessment and planning
- Inventory of current and potential resources for food and nutrition services
- Nutrition resource tracking mechanism developed (tracking funding, access, services and workforce including participation of public health nutrition professionals in programs that have a

nutrition component (e.g., Wisconsin's Well Woman Program, Health check, Childhood Lead Poisoning Prevention, Prenatal Care Coordination, Food Stamp Outreach, and other environmental food and nutrition related programs).

- Local health departments that have programs with nutrition components utilize qualified nutrition professionals, employed within the agency or community, for quality assurance and leadership roles.

Nutrition Surveillance and Monitoring:

- Nutrition data subcommittee for Public Health Data System is formed
- Plan for nutrition surveillance formulated
- Food and nutrition program data linkages made between agencies
- Key nutrition indicators and plan to include in system identified
- Training provided to food and nutrition programs on enhanced data collection and reporting for nutrition surveillance system.
- Community health assessments include nutrition surveillance data

Public Policy

- Public health nutrition represented on committee for Statute and Administrative Rules revision
- Interim nutrition guidance for the statutory review of health departments developed
- Public information document developed on public health nutrition scope, responsibilities and qualifications
- Number of health departments that can provide evidence on the use of a qualified nutrition professional in the public health assurance role.
- Increase in the number of full time equivalent (FTE) nutrition positions in public health departments and private non-profit agencies that have contracts with public health department.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Sufficient and Competent Workforce: The nutrition objective is focused on increased access to qualified and culturally competent nutrition services. There is a need to improve the cultural competency of the nutrition workforce and assure trainings reflect best practices in public health nutrition. This includes training of nutritionists and others providing nutrition services as part of the public health nutrition workforce. To assure competency and appropriateness, it is essential that is professional nutrition oversight for non-professionally prepared personnel involved in nutrition services. Nutrition is a unique and specialized field. Support of the public health nutrition professional should be recognized in public health statute.

Integrated, Electronic Data and Information System: The nutrition surveillance system needs to be expanded to meet program needs. This should include data collection that addresses nutrition personnel needs and nutrition monitoring and surveillance needs, including intra and interdepartmental linkages for nutrition programs.

Coordination of State and Local Public Health System Partnership: Public health nutritionists should be represented on state and local partnership initiatives. Promotion of community-based nutrition services can be fostered through partnerships and coalitions to maximize resources and address the needs of the whole community.

Community Health Improvement Processes and Plans: Public health nutrition should be an integral part of the community health improvement process. All community health assessments should include

a comprehensive community nutrition assessment component. Statutory review of health departments should include public health nutrition.

Access to Primary and Preventive Health Services: The public should have access to primary and preventive health services that including access to qualified and culturally competent nutrition services.

Equitable, Adequate, and Stable Financing: To build a system of support for public health nutrition, funding and stability in funding source is needed. It is essential to identify and maximize funding streams for food and nutrition programs and services as well as to leverage new or less traditional funding sources and resources for population based services.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Use and enhance the nutrition surveillance system for nutrition planning and evaluation including the identification of resources and services to meet needs.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Identify current and emerging public health nutrition issues in the community; interpret nutrition issues for policy makers and the public.

Educate the public about current and emerging health issues: Promote culturally competent nutrition interventions and provide best practices for providers; promote consistent and reinforcing nutrition messages throughout the community; increase access to credible nutrition resources.

Promote community partnerships to identify and solve health problems: Develop inter and intra agency linkages; assure nutrition leadership is included in community health improvement processes and foster nutrition coalitions to identify and address community needs and priorities.

Create policies and plans that support individual and community health efforts: Assure the inclusion of nutrition in the overall mission and community health plan; establish a visible and competent nutrition professional in a leadership role for the community. Assure provision of public health nutrition in public health statutes and administrative rules.

Enforce laws and regulations that protect health and insure safety: Increase utilization of nutrition professional (s 448, sub IV, Wis. Stats.) to protect the public. The public health nutritionist provides oversight to assure food and nutrition regulations are implemented appropriately, interprets implications of current and proposed laws and regulations on nutrition resources and services and advocates to policy makes on nutrition issues.

Link people to needed health services: Assure nutrition services are available to the public.

Assure a diverse, adequate, and competent workforce to support the public health system: Assure the competency of providers of nutrition education and services through the supervision/oversight by nutrition professionals. Support for the utilization of qualified nutrition professionals in leadership roles, credible, and culturally competent nutrition services and minimum standards for nutrition based on statutory recognition of public health nutrition scope, responsibilities and qualifications.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: Models and tools will be developed for evaluating community-wide nutrition service needs, internal cultural competence improvement needs of the nutrition workforce, and perceptions of cultural competence service delivery as perceived by clients and community.

Conduct research to seek new insights and innovative solutions to health problems: Maximize resources with applied research grants for nutrition programs and services.

Assure access to primary health care for all: Promote access for population based nutrition services and access for medical nutrition therapy from professionally recognized nutrition professionals (registered or certified dietitian).

Foster the understanding and promotion of social and economic conditions that support good health: Improve cultural competence and minority recruitment to decrease barriers to food and nutrition services.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and Promote Health for All: Increasing and assuring the public's access to credible and culturally competent nutrition services. Identification of community-wide nutrition priorities and mobilizing nutrition coalitions to address needs.

Eliminate Health Disparities: Systems approach to build an system for nutrition services (infrastructure) to assure people can have adequate and appropriate nutrition, which encompasses culturally competent services, appropriately assessing and monitoring nutrition status, maximizing resources, and assuring essential public health services for nutrition. The infrastructure will build and maximize the role of all professionals/community partners in supporting and promoting adequate and appropriate nutrition.

Transform Wisconsin's Public Health System: In the new public health system, there will be credible, appropriate and accessible nutrition services as a basic right for a healthier Wisconsin. To do this, there must be access to culturally competent public health nutrition services; assurance for credible, appropriate nutrition services for all people through statutory recognition of public health nutrition; leveraging of new or untapped funds for nutrition partnerships from health, agriculture, environment, food industry, community, business, and organizations to change systems that impact on food choices and food behaviors.

Key Interventions and/or Strategies Planned:

- Public health nutritionists will be positioned in a nutrition leadership role by representation on key committees and initiatives including workforce development, community health improvement, data systems and other to build and support the system for public health nutrition services.
- Best practices in public health nutrition will be promoted through education and training.
- Cultural competency assessment and plans for improvement in education, training, and recruitment will be implemented to improve the cultural competency of the nutrition workforce.
- Inter and intra agency nutrition stakeholders will identify all potential funding streams and maximize resources for food and nutrition services.
- Communities will conduct comprehensive community nutrition needs assessment and address priority nutrition needs through partnerships and coalitions.

- The nutrition surveillance system will be enhanced, including inter and intra agency data linkages for nutrition indicators.
- Public health nutrition will be recognized and assured through statutory change. Health departments will identify core public health nutrition functions and essential services. At a minimum, health departments will utilize a qualified nutrition professional in the public health assurance role. It is expected that full service health departments provide comprehensive public health nutrition services.

References:

Administrative Rule, HFS 139. *Qualifications of Public Health Professionals Employed by Local Health Departments*. July 1998.

Administrative Rule HFS 140. *Required Services of Local Health Departments*. July 1998

Administrative Rule HFS 448. Subchapter IV, Dietitians Affiliated Credentialing Board. 1997

Personnel in Public Health Nutrition for the 1990's: A Comprehensive Guide. ASTHO, 1991

Recruitment Strategies for Public Health/Community Nutritionists. Final Report, January 1994. Food and Consumer Service, USDA. National Association of WIC Directors and the Association of State and Territorial Public Health Nutrition Directors.

Johnson DB, Eaton DL, Wahl PW. *Public Health Nutrition Practice in the United States in the New Century*. J Am Diet Assoc 2001;101:529-534. <http://www.eatright.org/gov/iom.shtml>

"Institute of Medicine Urges Medicare Coverage of Nutrition Therapy." 6/6/01 Institute of Medicine Report. *The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population*.

Cost-effectiveness of Medical Nutrition Therapy. Position of American Dietetic Association J Am Diet Assoc 1995;95:88-91.

Nutrition Education for Health Care Professionals. Position of American Dietetic Association J Am Diet Assoc. 1998; 98: 343-346.

Toward Healthy Diets and Healthy Weights. Remarks Prepared for Margaret Tate on behalf of the American Dietetic Association for Healthy People 2010 Launch. <http://www.eatright.org/gov/lg01200.html>

The Role of Nutrition in Health Promotion and Disease Prevention Programs. Position of American Dietetic Association. J Am Diet Assoc. 1998; 98 205-208

Diet and Exercise Dramatically Delay Type 2 Diabetes. Diabetes Prevention Program Study, NIDDK News Brief. 8/8/01. http://www.niddk.nih.gov/welcome/releases/8_8_01.htm

Probert, Karen, ed. *Moving to the Future: Developing Community-Based Nutrition Services*. USDHHS, HRSA, June 1996

Bronner, F. ed. *Nutrition Policy in Public Health*. New York: Springer Publishing Co , 1997

Kaufman, M. *Nutrition in Public Health: A Handbook for Developing Programs and Services*. Rockville, Maryland: Aspen Publication. 1990.

Owen, A.L., Splett, P.L., Owen, G.M. *Nutrition in the Community - The Art and Science of Delivering Services*. Boston: WCB McGraw-Hill, Fourth edition. 1999.

Guidelines for Community Nutrition Supervised Experiences. Public Health Nutrition Practice Group. American Dietetic Association, 1995.

Review Matrix for Analyzing the Inclusion of Nutrition Services in Health Care Reform Plans and Legislation. MCHING. National Center for Education in Maternal and Child Health, 1990.

Call to Action: Better Nutrition for Mothers, Children and Families. Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, US Department of Health and Human Services. Washington, D.C. 1990.

State of Wisconsin. *Partners in Nutrition for a Healthier Wisconsin: A Comprehensive Statewide Public Health Nutrition Program*. Division of Public Health, Draft, 2001.

American Dietetic Association to Develop National Minority Mentoring Program. ADA Courier-An Update for Members of the American Dietetic Association, Volume 40, Number 4, April 2001.

Kamat, Miguel R. *Educating health professionals: Are we Failing Minorities?* Closing the Gap. May/June 1999.

Goode, Tawara D. *Promoting Cultural Diversity and Cultural Competency Self Assessment Checklist*. Georgetown University Child Development Center. UAF. Adapted from Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings. June 1989. Revised 1993,1996,1999,2000.

Sockalingam S., *Culturally Competent Systems*. Annual Wisconsin WIC/MCH Conference, Middleton, Wisconsin. November 27-28, 1995. TeamWorks@Misc./Wwicmch1.doc,

Campinha-Bacote, J. *The Process of Cultural Competence in Health Care: A Culturally Competent Model of Care*. Wyoming, Ohio: Transcultural C.A.R.E. Associates, 2nd Edition, 1994.